

County: Marinette
NEWCARE, INC.
PO BOX 460

Facility ID: 4500

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CRIVITZ 54114 Phone: (715) 854-2717

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 64

Total Licensed Bed Capacity (12/31/00): 64

Number of Residents on 12/31/00: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

Yes

Yes

63

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.4
Supp. Home Care-Personal Care	No					1 - 4 Years		50.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years		23.8
Day Services	No	Mental Illness (Org./Psy)	36.5	65 - 74	11.1			-----
Respite Care	Yes	Mental Illness (Other)	11.1	75 - 84	30.2			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.6		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	15.9	65 & Over	93.7	-----		
Transportation	Yes	Cerebrovascular	11.1		-----	RNs		9.6
Referral Service	No	Diabetes	4.8	Sex	%	LPNs		9.0
Other Services	Yes	Respiratory	3.2		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	12.7	Male	27.0	Aides & Orderlies		
Provide Day Programming for Developmentally Disabled	No		100.0	Female	73.0	44.5		
					100.0	-----		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	2	4.0	\$112.43	1	100.0	\$129.00	0	0.0	\$0.00	0	0.0	\$0.00	3	4.8%
Skilled Care	1	100.0	\$273.17	48	96.0	\$97.28	0	0.0	\$0.00	11	100.0	\$125.38	0	0.0	\$0.00	60	95.2%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	1	100.0		50	100.0		1	100.0		11	100.0		0	0.0		63	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing	% Totally	Total
Percent Admissions from		Activities of	%	Assistance of	Dependent	Number of
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One Or Two Staff		Residents
Private Home/With Home Health	0.0	Bathing	4.8	54.0	41.3	63
Other Nursing Homes	23.9	Dressing	14.3	66.7	19.0	63
Acute Care Hospitals	54.3	Transferring	22.2	49.2	28.6	63
Psych. Hosp. -MR/DD Facilities	2.2	Toilet Use	19.0	52.4	28.6	63
Rehabilitation Hospitals	0.0	Eating	34.9	50.8	14.3	63
Other Locations	15.2	*****				
Total Number of Admissions	46	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		3.2	Receiving Respiratory Care	11.1
Private Home/No Home Health	21.7	Occ/Freq. Incontinent of Bladder		55.6	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	15.2	Occ/Freq. Incontinent of Bowel		39.7	Receiving Suctioning	1.6
Other Nursing Homes	0.0				Receiving Ostomy Care	1.6
Acute Care Hospitals	8.7	Mobility			Receiving Tube Feeding	6.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		15.9	Receiving Mechanically Altered Diets	50.8
Rehabilitation Hospitals	2.2					
Other Locations	10.9	Skin Care			Other Resident Characteristics	
Deaths	41.3	With Pressure Sores		6.3	Have Advance Directives	100.0
Total Number of Discharges		With Rashes		7.9	Medications	
(Including Deaths)	46				Receiving Psychoactive Drugs	49.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	83.7	1.18	86.6	1.14	87.0	1.13	84.5	1.16
Current Residents from In-County	79.4	75.1	1.06	69.4	1.14	69.3	1.14	77.5	1.02
Admissions from In-County, Still Residing	32.6	18.7	1.74	19.5	1.67	22.3	1.46	21.5	1.52
Admissions/Average Daily Census	73.0	152.8	0.48	130.0	0.56	104.1	0.70	124.3	0.59
Discharges/Average Daily Census	73.0	154.5	0.47	129.6	0.56	105.4	0.69	126.1	0.58
Discharges To Private Residence/Average Daily Census	27.0	59.1	0.46	47.7	0.57	37.2	0.73	49.9	0.54
Residents Receiving Skilled Care	100	90.6	1.10	89.9	1.11	87.6	1.14	83.3	1.20
Residents Aged 65 and Older	93.7	95.0	0.99	95.4	0.98	93.4	1.00	87.7	1.07
Title 19 (Medicaid) Funded Residents	79.4	65.4	1.21	68.7	1.16	70.7	1.12	69.0	1.15
Private Pay Funded Residents	17.5	23.2	0.75	22.6	0.77	22.1	0.79	22.6	0.77
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	47.6	31.4	1.52	35.9	1.33	37.4	1.27	33.3	1.43
General Medical Service Residents	12.7	23.2	0.55	20.1	0.63	21.1	0.60	18.4	0.69
Impaired ADL (Mean)	54.0	48.9	1.10	47.7	1.13	47.0	1.15	49.4	1.09
Psychological Problems	49.2	44.1	1.12	49.3	1.00	49.6	0.99	50.1	0.98
Nursing Care Required (Mean)	10.7	6.5	1.64	6.6	1.63	7.0	1.52	7.2	1.50